

## LADIES FIRST LIST OF APPROVED CPT CODES – 2018

Ladies First is a statewide program focused on providing breast and cervical cancer screening and diagnostic services to women who meet certain age, income and insurance coverage guidelines. Ladies First does not require preauthorization

OFFICE VISITS				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
New Patient - Office Visit (10 minutes face to face)	99201	56.55		
New Patient - Office Visit (20 minutes face to face)	99202	96.89		
New Patient - Office Visit (30 minutes face to face)	99203	140.02		
New Patient - Office Visit (45 minutes face to face) <i>[see note 1]</i>	99204	217.25		
New Patient - Office Visit (60 minutes face to face) <i>[see note 1]</i>	99205	274.68		
Established Patient - Office Visit (5 minutes face to face)	99211	26.86		
Established Patient - Office Visit (10 minutes face to face)	99212	55.89		
Established Patient - Office Visit (15 minutes face to face)	99213	95.18		
Established Patient - Office Visit (25 minutes face to face)	99214	141.45		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years <i>[see note 2]</i>	99385	140.02		
New Patient – Initial Preventive Medicine Visit, 40-64 Years <i>[see note 2]</i>	99386	140.02		
New Patient – Initial Preventive Medicine Visit, 65 Years and older <i>[see note 2]</i>	99387	140.02		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years <i>[see note 2]</i>	99395	95.18		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years <i>[see note 2]</i>	99396	95.18		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older <i>[see note 2]</i>	99397	95.18		

BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
<i>Screening mammography, bilateral</i>	77067	166.57	53.32	113.25
<i>Diagnostic mammography, bilateral, includes CAD</i>	77066	207.38	70.41	136.97
<i>Diagnostic mammography, unilateral, includes CAD</i>	77065	164.29	57.08	107.22
Screening digital breast tomosynthesis; bilateral <i>[see note 3]</i>	77063	70.56	42.01	28.55
Diagnostic digital breast tomosynthesis; unilateral or bilateral <i>[see note 4]</i>	G0279	70.56	42.01	28.55
Mammary ductogram or galactogram, single duct	77053	70.87	25.18	45.69
MRI, breast, with and/or without contrast, unilateral <i>[see note 5]</i>	77058	623.88	114.44	509.44
MRI, breast, with and/or without contrast, bilateral <i>[see note 5]</i>	77059	623.88	114.44	509.44

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BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Radiological Exam, surgical specimen	76098	21.21	11.31	9.91
Ultrasound, complete examination of breast including axilla, unilateral	76641	132.38	51.30	81.08
Ultrasound, limited examination of breast including axilla, unilateral	76642	109.57	47.79	61.78
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	77.01	45.79	31.22
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	88172	75.02	51.84	23.18
Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	88173	194.96	102.36	92.59
Surgical pathology, gross and microscopic examination	88305	88.31	54.68	33.63
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	322.63	119.45	23.18
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	163.68	63.70	99.98
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer- assisted technology	88361	178.33	68.30	110.03

BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Fine needle aspiration without imaging guidance	10021	154.54	95.03
Fine needle aspiration with imaging guidance	10022	176.44	91.19
Puncture aspiration of cyst of breast	19000	138.64	60.63
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001	36.02	29.99
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion [see note 6]	19081	829.41	235.09
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion [see note 6]	19082	671.78	118.47

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BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion <i>[see note 6]</i>	19083	805.52	221.25
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion <i>[see note 6]</i>	19084	644.71	110.70
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion <i>[see note 6]</i>	19085	1192.46	258.34
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion <i>[see note 6]</i>	19086	952.03	129.70
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	185.75	94.47
Breast biopsy, open, incisional	19101	425.45	289.93
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120	630.55	539.68
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	699.35	599.62
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	217.88	217.88
Placement of breast localization device, percutaneous; mammographic guidance; first lesion <i>[see note 7]</i>	19281	299.57	141.94
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion <i>[see note 7]</i>	19282	203.07	71.17
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion <i>[see note 7]</i>	19283	334.92	142.30
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion <i>[see note 7]</i>	19284	245.50	71.79
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion <i>[see note 7]</i>	19285	613.25	121.47
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion <i>[see note 7]</i>	19286	528.72	60.66

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Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion [see note 7]	19287	1014.14	180.96
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BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion [see note 7]	19288	809.80	91.22
Anesthesia Reimbursement Amount= \$30.89 x (Time Units + Base Units) Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units= 3 [see note 10]	00400		
Pre-operative testing; complete blood count, urinalysis, pregnancy test, other procedures medically necessary for the planned surgical procedure.	Various		

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CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Cytopathology, cervical or vaginal, any reporting system, <u>requiring</u> interpretation by physician	88141	42.49		
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	25.01		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	25.01		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.65		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	42.22		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	26.38		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening	88175	32.71		
Surgical pathology, gross and microscopic examination	88305	88.31	54.68	33.63
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	322.63	119.45	203.18
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	127.20	90.36	36.85
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	68.56	44.58	23.98
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	113.33	40.95	72.38

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CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	133.87	51.18	82.69
Human Papillomavirus, high-risk types <i>[see note 8]</i>	87624	43.33		
Human Papillomavirus, types 16 and 18 only <i>[see note 8]</i>	87625	43.33		
Colposcopy of the cervix	57452	141.99		
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	201.46		
Colposcopy of the cervix, with biopsy	57455	186.21		
Colposcopy of the cervix, with endocervical curettage	57456	175.33		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	354.50		
Colposcopy with loop electrode conization of the cervix	57461	403.67		
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	159.50		
Endocervical curettage (not done as part of a dilation and curettage)	57505	131.07		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	399.83		
Loop electrode excision procedure	57522	344.06		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	58100	142.15		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	64.23		
Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	99070	12.95		
Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.	Various			

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PROCEDURES SPECIFICALLY NOT ALLOWED	
Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.
77061	Breast Tomosynthesis, unilateral <i>[see note 9]</i>
77062	Breast Tomosynthesis, bilateral <i>[see note 9]</i>
87623	Human papillomavirus, low-risk types

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End Note	Description
1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically <b>not</b> appropriate for NBCCEDP screening visits.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While some programs may need to use 993XX-series codes, 993XX Preventive Medicine Evaluation visits are not appropriate for the NBCCEDP. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who is already diagnosed with breast cancer.
6	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
7	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
8	HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.
9	These procedures have not been approved for coverage by Medicare.
10	Medicare’s methodology for the payment of anesthesia services are outlined in chapter 12 of the Medicare Claims Processing Manual at <a href="http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf">www.cms.hhs.gov/manuals/downloads/clm104c12.pdf</a> . The carrier-specific Medicare anesthesia conversion rates are available at <a href="http://www.cms.hhs.gov/center/anesth.asp">www.cms.hhs.gov/center/anesth.asp</a> .

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